

216021994
100597

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 087	Agency Case No. B6-047579	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 4
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/30/2016		(In Military Time)	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1555	05/30/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 6TH		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	78.00		X		G	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/N	DRIVER	PHONE		LOCAL NO.		
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
G	OWNER	PHONE		LOCAL NO.		V1/1 35
2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
H	LICENSE PLATE NO.	UNKNOWN		YEAR (Plate Expires)	STATE (Of Plate)	V1/2
5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$
V1/O	VEHICLE ID NO. (VIN)	UNKNOWN		INSURANCE COMPANY		V1/3
V2/O	TOWED TO	TOWED BY		POLICY NO.		V1/4 35
I	VEHICLE NO. 2					
7	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/P	DRIVER	PHONE		LOCAL NO.		
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER	PHONE		LOCAL NO.		V2/1
12	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO.	UNKNOWN		YEAR (Plate Expires)	STATE (Of Plate)	V2/2
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$
K	VEHICLE ID NO. (VIN)	UNKNOWN		INSURANCE COMPANY		V2/3
01	TOWED TO	TOWED BY		POLICY NO.		V2/4 25
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-047579



Indicate
North
by Arrow



POI: 78 ft. south
of the south curb
of G St.
3 ft. east of the
east curb of S.
6th

TO G ST.

S. 6TH

TO F ST



P.O.I.

NOT DRAWN TO SCALE/MEASUREMENTS
APPROXIMATE

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

A no parking/bike path sign was observed to be knocked over just east of the east curb between G-F on S. 6th St. It appears the street sign was struck by a NB vehicle on S. 6th St.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	No Parking/Bike Pa	City of Lincoln	555 S. 10th, Lincoln, NE	68508	402-441-7548
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2			
1	X				S. 6TH	POINT OF IMPACT	00	POINT OF IMPACT		1	2	3	4	5	6	7	8		
2						MOST DAMAGED AREA		MOST DAMAGED AREA		1	2	3	4	5	6	7	8		
1	01	06 Turning left				00 None		02	03	04	1	2	3	4	5	6	7		
2		07 Making U-turn				09 Top & windows		01	05		1	2	3	4	5	6	7		
					08 Entering traffic lane	10 Undercarriage		08	07	06	1				2				
					09 Leaving traffic lane	11 Total (all areas)						1				2			
					10 Parked	12 Other						1				2			
					11 Slowing or stopped in traffic							1				2			
					12 Other							1				2			
					13 Unknown							1				2			

OFFICER NO. 1663	TROOP/TEAM/BEAT NE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Aaron Bergren		INVESTIGATOR SIGNATURE Approved by Officer Aaron Bergren	DATE OF REPORT 05/30/2016